

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/21/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155785		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 05/04/2012	
NAME OF PROVIDER OR SUPPLIER WEST RIVER HEALTH CAMPUS				STREET ADDRESS, CITY, STATE, ZIP CODE 714 S EICKHOFF RD EVANSVILLE, IN 47712			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F0000	<p>This visit was for the Investigation of Complaint IN00107337.</p> <p>Complaint IN00107337- Substantiated, Federal/State deficiencies related to the allegations are cited at F314 and F514.</p> <p>Survey dates: May 3 and 4, 2012</p> <p>Facility number: 012448 Provider number: 155785 AIM number: 201039500</p> <p>Survey team: Anne Marie Crays, R.N.</p> <p>Census bed type: SNF: 40 SNF/NF: 5 Residential: 57 Total: 102</p> <p>Census payor type: Medicare: 26 Medicaid: 5 Other: 71 Total: 102</p> <p>Sample: 7</p>			F0000	<p>Preparation or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged, or conclusions set forth on the statement of deficiencies.</p> <p>This plan of correction is prepared and executed solely because it is required by Federal and State law.</p> <p>This plan of correction is submitted in order to respond to the allegations of noncompliance cited during compliant survey review concluding on 5-4-2012</p> <p>Please accept this plan of correction as the provider's credible aggregation of compliance effective on or before 6-1-2012</p> <p>We respectfully request a desk review for compliance.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	These deficiencies reflect state findings cited in accordance with 410 IAC 16.2. Quality review completed on May 8, 2012 by Bev Faulkner, RN						

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F0314 SS=G	<p>483.25(c) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES</p> <p>Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing.</p> <p>Based on interview and record review, the facility failed to ensure a resident at risk for pressure ulcers did not develop a Stage IV pressure ulcer, for 1 of 3 residents reviewed with pressure ulcers, in a sample of 7. Resident G</p> <p>Findings include:</p> <p>1. The closed clinical record of Resident G was reviewed on 5/3/12 at 11:25 A.M. The resident was admitted to the facility on 11/21/11 with diagnoses including, but not limited to, Anemia, Hypothyroidism, and Psychosis.</p> <p>A Nursing Admission Assessment, undated, indicated Resident G required assistance with transfers, bathing, dressing, and toileting. The skin assessment indicated: "...Turgor fair...Does the resident have a Stage I wound or greater...? N [no]...Is resident at</p>		F0314	<p>F 314</p> <p>Resident G no longer resides in the health campus Completion Date 6-1-2012</p> <p>All residents have the potential to be affected by the alleged deficient practice and through altercations in processes and in servicing the campus will ensure measures to prevent the development of new pressure sores and provide care for current pressure ulcers in accordance with physician's orders Completion Date 6-1-2012</p> <p>All licensed staff have been in serviced on</p> <p>1. completion of admission assessments concerning the skin portion</p> <p>2. A thorough full body skin assessment and documentation of assessment</p>		06/01/2012	

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	<p>risk for developing pressure ulcer? N. Pressure ulcer known to be present? N...Skin is exposed to moisture/incontinence? Y [yes]...." An anatomical drawing documented an "X" on the left buttock area with the notation "abrasion." A "Skin Plan of Care," which was a part of the assessment, indicated: "Turn and reposition for comfort and with care...Provide pressure relieving device in chair, to bed, Ensure resident is clean and dry...Assist with positioning in bed and chair."</p> <p>A Minimum Data Set [MDS] assessment, dated 11/28/11, indicated the resident had no memory problems, and required extensive assistance of one staff for bed mobility, transfer, and toilet use. The MDS assessment indicated the resident was occasionally incontinent of bowels and bladder, was at risk of developing pressure ulcers, and did not have a pressure ulcer at that time.</p> <p>A Care Plan, dated 12/8/11, indicated "Potential for alteration in skin integrity R/T [related to] Immobility, Incontinence, Disease process/condition: DDD, Degenerative arthritis, Anemia." The Interventions included: "Assess/record changes in skin status. Report pertinent changes in skin status to physician...Turn and reposition every two</p>		<p>3.On completion of Skilled Nursing Assessments and Data Collection 4. On wound/assessment documentation and appropriate treatments</p> <p>Completion Date 6-1-2012</p> <p>Systemic changes as follows Licensed nurses to complete a return demonstration of a full body skin assessment and documentation of assessment now and annually thereafter. A treatment options protocol has been placed in all Treatment Binders as a guidance for nurses.</p> <p>Completion Date 6-1-2012</p> <p>DHS or designee will perform audits on 3 random residents to assure complete and accurate documentation of new wounds/existing wounds, treatment orders obtained timely, and accurate assessments on skilled sheets 5x a week x one month 3x a week x one month then weekly with results forwarded to the QA committee monthly x 6 months and quarterly thereafter for review and further suggestions/comments. Completion Date 6-1-2012</p>				

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	<p>hours...Minimize pressure over boney [sic] prominences...."</p> <p>A Skilled Nursing Assessment, dated 12/11/11 at 12:30 P.M., indicated, "Abraised area noted left buttocks. [Name of physician] notified. New orders received...."</p> <p>A Skin Impairment Assessment, dated 12/11/11, indicated, "Initial Identification...Present on admission? Y, Type: Abrasion, Location: Left, Length 0.4, Width 0.4, Depth <.1...."</p> <p>A Physician's order, dated 12/11/11, indicated, "Calazyme to abrasion Left buttocks Q [every] shift x 14 days."</p> <p>Skilled Nursing Assessments, dated 12/12/11, 12/13/11, 12/14/11, 12/15/11, 12/16/11, and 12/17/11 each indicated, "Currently has skin impairment: N [No]...."</p> <p>A Nursing Note, dated 12/17/11 at 1:30 P.M., indicated, "Rec. [received] new tx [treatment] orders from [name of physician]. See TO [telephone order] this date."</p> <p>A Physician's order, dated 12/17/11, indicated, "1. D/C [discontinue] Calazyme to abraised area left buttock. 2.</p>						

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	<p>Cleanse area Left buttock [with] N/S [normal saline]. Apply Optifoam AG [change] Q 3rd day."</p> <p>Documentation regarding the appearance of the pressure ulcer on 12/17/11 or the reason for the new treatment order was lacking in the clinical record.</p> <p>Nurse's Notes, dated 12/19/11 at 3:00 P.M., indicated, "Res [resident] has a wound [left] buttock - area is 4.3 length 4 cm [centimeters] width. Area is necrotic - stage IV - Optifoam AG applied - New orders for Zinc 220 mg daily x 1 mo and Vitamin C 500 mg x 1 mo. - Culture wound [left] buttock - cushion for w/c [wheelchair]."</p> <p>A "Pressure...Ulcer Assessment," indicated, "Initial Identification, Date: 12-19-11, Present on admission? Y, Location [left] buttock, Stage/Thickness: E ["E: Un-stageable]...slough/eschar..."...Exudate: S [serous], Color: necrotic...Surrounding tissue: red...."</p> <p>A Physician's Progress Note, dated 12/22/11, indicated: "...Patient does have a stage III wound with necrotic base to the coccyx...."</p> <p>A Pressure Ulcer Assessment then</p>						

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	<p>included the following:</p> <p>12/27/11: "Pressure/Stage: II, Measurements (cm) L [length] 4.3, W [width] 4, D [depth] <0.1...Wound Bed...Color/tissue type/percent/location: Y & B [yellow and black]...Surrounding tissue: R [red]...."</p> <p>1/2/12: "Pressure/stage: II, Measurements, L 7.3, W 5.3, D <0.1...Wound Bed...Color... Y/B [yellow/black]...Surrounding tissue: R [red]...."</p> <p>A Physician's Progress Note, dated 1/6/12, indicated, "...Decubitus Ulcer, buttock, Patient basically has unstageable/Stage IV ulcer in the sacral area which was recently debrided by therapy. I do think she needs wound VAC and expert surgical consultation at this time. We will send her to the hospital for same...."</p> <p>On 5/3/12 at 3:45 P.M., during interview with the Assistant Director of Nursing [ADON] and RN # 1, they each indicated they did not see Resident G's buttocks upon admission, or on 12/11/11, so they could not say what the abrasion looked like, or why there wasn't a treatment order at that time. The ADON indicated, "We were real surprised at the progression of</p>						

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	<p>the wound" from 12/11/11 until 12/19/11. The ADON indicated the nurses probably were checking the pressure area, but just checked "no skin impairment" as routine. RN # 1 indicated she had just started in December 2011, but had done the wound measurements weekly following the initial identification on 12/19/11. RN # 1 did not respond when queried regarding the documentation of "Stage II" areas, when the pressure ulcers had black and yellow tissue. The ADON and RN # 1 indicated they did not know why the nurse obtained a treatment order on 12/17/11, but there was not documentation of the pressure ulcer until 12/19/11.</p> <p>On 5/3/12 at 4:25 P.M., during interview with RN # 2, she indicated she was the nurse who performed the initial assessment of Resident G on 11/21/11. RN # 2 indicated she "really didn't remember," but indicated the area she marked as an abrasion on the left hip was "probably reddened, with no skin breakdown." RN # 2 indicated she did not think it would have been a pressure area.</p> <p>2. On 5/4/12 at 11:10 A.M., the Administrator provided the current facility policies on "Pressure Prevention Guidelines," undated, and</p>						

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	<p>"Pressure/Stasis Wound Condition Report Guidelines," undated. The Pressure Prevention policy included: "Purpose: To maintain good skin integrity and avoid development of pressure ulcers. Procedure: Care plan interventions shall be implemented based on risk factors identified in the nursing assessment. Interventions may include but not be limited to:...Inspect the skin daily during care for signs of breakdown or changes to the skin...ROM [range of motion] with ADL's [activities of daily living], if immobile. Establish an individualized turning schedule if resident is immobile or compromised. Frequency of position change is individualized...Obtain an advanced pressure reduction cushion for wheelchair...." The Pressure/Stasis Wound Condition Report policy included: "...Initiate the form when an area of impairment, (e.g. skin tear, rash...abrasion...) is identified. 3. Complete the section titled 'Initial Identification' in its entirety...5. Document description of wound...6. Document objective information about pain...."</p> <p>At that same time, the Administrator provided the current facility policy on "Weekly Skin Assessment Guideline," revised 4/08. The policy included: "...In addition to the Weekly Assessment by the licensed nurse the nursing assistant shall</p>						

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	<p>observe the skin for areas of impairment with bathing and daily dressing and pericare and notify the nurse if an area is identified."</p> <p>3. "Stages of Pressure Ulcers," AMDA - 2008, includes the following: Stages of Pressure Ulcers: Stage I: Intact skin with nonblanchable redness of a localized area, usually over a bony prominence. Darkly pigmented skin may not have visible blanching; its color may differ from the surrounding area. Note: This area may be painful, firm, soft, warmer or cooler compared to adjacent skin. Stage II: Partial thickness loss of dermis presenting as a shallow open ulcer with a red pink ulcer bed without slough. May also present as an intact or open/ruptured serum filled blister. Note: This stage should not be used to describe skin tears, tape burns, perineal dermatitis, maceration or excoriation. Stage III: Full thickness tissue loss. Subcutaneous fat may be visible but bone, tendon or muscle is not exposed. Slough may be present but does not obscure the depth of tissue loss. May include undermining and tunneling. Stage IV: Full thickness tissue loss with exposed bone, tendon, or muscle. Slough or eschar may be present on some parts of the ulcer bed. Often includes undermining and tunneling. Note: The depth of a Stage III or IV</p>						

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	<p>varies by anatomical location. The bridge of the nose, ear, occiput and malleolus do not have subcutaneous tissue and these ulcers can be shallow.</p> <p>This federal tag relates to Complaint IN00107337.</p> <p>3.1-40(a)(1)</p>						

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F0514 SS=D	<p>483.75(l)(1) RES RECORDS-COMplete/ACCURATE/ACCE SSIBLE The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.</p> <p>The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.</p> <p>Based on observation, interview, and record review, the facility failed to ensure documentation was accurate regarding pressure ulcers: in that, skilled nursing assessments indicated "no areas of skin impairment" in the presence of skin impairment; and failed to date an admission assessment, document a pressure ulcer when initially found, correctly stage pressure areas, and correctly indicate a pressure area was developed in the facility, for 2 of 3 residents reviewed for pressure areas, in a sample of 7. Residents F and G</p> <p>Findings include:</p> <p>1. On 5/3/12 at 9:45 A.M., during the initial tour, RN # 1 indicated Resident F had a Stage II pressure area to her left buttock, coccyx area.</p>	F0514	<p>F 514</p> <p>Res F has had a full body skin assessment and al impairments have been documented. Resident G no longer lives in this campus</p> <p>Completion Date 6-1-2012</p> <p>All residents have the potential to be affected by the alleged deficient practice and through alterations in processes and in servicing will ensure the campus must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete ;accurately documented; readily accessible; and systematically organized.</p> <p>Completion Date 6-1-2012</p> <p>All licensed staff have been in serviced on</p>	06/01/2012			

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	<p>The clinical record of Resident F was reviewed on 5/3/12 at 12:40 P.M. A Minimum Data Set [MDS] assessment, dated 4/9/12, indicated Resident F had one Stage II pressure ulcer.</p> <p>A Pressure...Ulcer Assessment, initially dated 4/8/12, indicated: "...Location: [Left] buttock...4/23/12: Pressure/stage: II...4/30/12: Pressure/stage: II...."</p> <p>Skilled Nursing Assessment and Data Collection notes, dated 4/29/12, 5/1/12, and 5/3/12, indicated: "History of resolved ulcer(s): N [no]...Currently has skin impairment? N [no]...."</p> <p>On 5/3/12 at 2:00 P.M., a skin assessment was requested. A pressure area on Resident F's left buttocks was observed to be open, with a pink wound bed, and redness to the bilateral inner buttocks.</p> <p>On 5/3/12 at 4:15 P.M., during interview with the Assistant Director of Nursing [ADON] and RN # 1, the ADON indicated she thought the nurses were assessing the pressure area, but were "just checking no skin impairment as routine."</p> <p>2. The closed clinical record of Resident G was reviewed on 5/3/12 at 11:25 A.M. The resident was admitted to the facility</p>		<p>1. completion of admission assessments concerning the skin portion</p> <p>2. A thorough full body skin assessment and documentation of assessment</p> <p>3. On completion of Skilled Nursing Assessments and Data Collection</p> <p>4. On wound/assessment documentation and appropriate treatments</p> <p>Completion Date 6-1-2012</p> <p>Systemic changes as follows Licensed nurses to complete a return demonstration of a full body skin assessment and documentation of assessment now and annually thereafter. A treatment options protocol has been placed in all Treatment Binders as a guidance for nurses.</p> <p>Completion Date 6-1-2012</p> <p>DHS or designee will perform audits on 3 random residents to assure complete and accurate documentation of new wounds/existing wounds, treatment orders obtained timely, and accurate assessments on skilled sheets 5x a week x one month 3x a week x one month then weekly with results forwarded to the QA committee monthly x 6 months and quarterly thereafter for review and further</p>				

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	<p>on 11/21/11 with diagnoses including, but not limited to, Anemia, Hypothyroidism, and Psychosis.</p> <p>A Nursing Admission Assessment, undated, was in the clinical record. The skin assessment indicated: "...Turgor fair...Does the resident have a Stage I wound or greater...? N [no]...Is resident at risk for developing pressure ulcer? N. Pressure ulcer known to be present? N...Skin is exposed to moisture/incontinence? Y [yes]...." An anatomical drawing documented an "X" on the left buttock area with the notation "abrasion."</p> <p>A Minimum Data Set [MDS] assessment, dated 11/28/11, indicated the resident did not have a pressure ulcer at that time.</p> <p>A Skilled Nursing Assessment, dated 12/11/11 at 12:30 P.M., indicated, "Abraided area noted left buttocks. [Name of physician] notified. New orders received...."</p> <p>A Skin Impairment Assessment, dated 12/11/11, indicated, "Initial Identification...Present on admission? Y [yes], Type: Abrasion, Location: Left, Length 0.4, Width 0.4, Depth <.1...."</p> <p>A Physician's order, dated 12/11/11,</p>		<p>suggestions/comments. Completion Date 6-1-2012</p>				

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	<p>indicated, "Calazyme to abrasion Left buttocks Q [every] shift x 14 days."</p> <p>Skilled Nursing Assessments, dated 12/12/11, 12/13/11, 12/14/11, 12/15/11, 12/16/11, and 12/17/11 each indicated, "Currently has skin impairment: N [No]...."</p> <p>A Nursing Note, dated 12/17/11 at 1:30 P.M., indicated, "Rec. [received] new tx [treatment] orders from [name of physician]. See TO [telephone order] this date."</p> <p>A Physician's order, dated 12/17/11, indicated, "1. D/C [discontinue] Calazyme to abraised area left buttock. 2. Cleanse area Left buttock [with] N/S [normal saline]. Apply Optifoam AG [change] Q 3rd day."</p> <p>Documentation regarding the appearance of the pressure ulcer on 12/17/11 or the reason for the new treatment order was lacking in the clinical record.</p> <p>Nurse's Notes, dated 12/19/11 at 3:00 P.M., indicated, "Res [resident] has a wound [left] buttock - area is 4.3 length 4 cm [centimeters] width. Area is necrotic - stage IV - Optifoam AG applied - New orders for Zinc 220 mg daily x 1 mo and Vitamin C 500 mg x 1 mo. - Culture</p>						

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	<p>wound [left] buttock - cushion for w/c [wheelchair]."</p> <p>A "Pressure...Ulcer Assessment," indicated, "Initial Identification, Date: 12-19-11, Present on admission? Y, Location [left] buttock, Stage/Thickness: E ["E: Un-stageable]...slough/eschar..."...Exudate: S [serous], Color: necrotic...Surrounding tissue: red...."</p> <p>A Physician's Progress Note, dated 12/22/11, indicated: "...Patient does have a stage III wound with necrotic base to the coccyx...."</p> <p>A Pressure Ulcer Assessment then included the following:</p> <p>12/27/11: "Pressure/Stage: II, Measurements (cm) L [length] 4.3, W [width] 4, D [depth] <0.1...Wound Bed...Color/tissue type/percent/location: Y & B [yellow and black]...Surrounding tissue: R [red]...."</p> <p>1/2/12: "Pressure/stage: II, Measurements, L 7.3, W 5.3, D <0.1...Wound Bed...Color... Y/B [yellow/black]...Surrounding tissue: R [red]...."</p> <p>A Physician's Progress Note, dated</p>						

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	<p>1/6/12, indicated, "...Decubitus Ulcer, buttock, Patient basically has unstageable/Stage IV ulcer in the sacral area which was recently debrided by therapy. I do think she needs wound VAC and expert surgical consultation at this time. We will send her to the hospital for same...."</p> <p>On 5/3/12 at 3:45 P.M., during interview with the Assistant Director of Nursing [ADON] and RN # 1, they each indicated they did not see Resident G's buttocks upon admission, or on 12/11/11, so they could not say what the abrasion looked like, or why there wasn't a treatment order at that time. The ADON indicated, "We were real surprised at the progression of the wound" from 12/11/11 until 12/19/11. The ADON indicated the nurses probably were checking the pressure area, but just checked "no skin impairment" as routine. RN # 1 indicated she had just started in December 2011, but had done the wound measurements weekly following the initial identification on 12/19/11. RN # 1 did not respond when queried regarding the documentation of "Stage II" areas, when the pressure ulcers had black and yellow tissue. The ADON and RN # 1 indicated they did not know why the nurse obtained a treatment order on 12/17/11, but there was not documentation of the pressure ulcer until</p>						

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	<p>12/19/11.</p> <p>On 5/3/12 at 4:25 P.M., during interview with RN # 2, she indicated she was the nurse who performed the initial assessment of Resident G on 11/21/11. RN # 2 indicated she "really didn't remember," but indicated the area she marked as an abrasion on the left hip was "probably reddened, with no skin breakdown." RN # 2 indicated she did not think it would have been a pressure area.</p> <p>3. On 5/4/12 at 11:10 A.M., the Administrator provided the current facility policy on "Pressure/Stasis Wound Condition Report Guidelines," undated. The policy included: "...Initiate the form when an area of impairment, (e.g. skin tear, rash...abrasion...) is identified. 3. Complete the section titled 'Initial Identification' in its entirety...5. Document description of wound...6. Document objective information about pain...."</p> <p>At that same time, the Administrator provided the current facility policy on "Weekly Skin Assessment Guideline," revised 4/08. The policy included: "...Initiate applicable Wound Form if a new area of impairment is identified...."</p> <p>This federal tag relates to Complaint</p>						

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